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## Teen Peer Outreach-Street Work Project: HIV Prevention Education for Runaway and Homeless Youth

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### Synopsis .....

*Each year, there are approximately 2 million homeless and runaway youths in the United States. On any given night, there are 1,000 homeless youngsters living on the streets of San Diego, CA.*

*Homeless young people are commonly involved in one or more of the following activities that place them at risk for HIV infection—unprotected sexual intercourse, needle-sharing in the use of injectable drugs, sex with someone who injects drugs.*

*The Teen Peer Outreach-Street Work Project trains teen peer educators to work in three existing San Diego youth service programs with street outreach staff members to provide HIV prevention*

*education and referral services to San Diego's homeless youth. Selected teens from the target population also participate in street-based case management that provides skill development to bring about behavioral and attitudinal changes.*

*An HIV outreach program cannot stand alone and is most successful if it is integrated with services that meet the basic needs of its clients. In the three participating youth service programs of the Teen Peer Outreach-Street Work Project, food, clothes, and shelter information are provided. There are shelters in two of the three programs that become places where HIV educational messages, delivered on the street, can be reinforced. Immediate and concrete assistance can be offered to homeless youth.*

*Low literacy among the target population presents a significant obstacle to adequate and appropriate HIV prevention education for homeless youth. Currently, education materials that specifically target homeless youth do not exist. The outreach street project is being expanded to develop materials for homeless youth with low literacy levels. Teen peers will be used to facilitate structured focus groups composed of members of the target population. Focus groups will be used in concept development, product development, and evaluation of draft products.*

*Because the project is unique in San Diego, it addresses an unmet need, reaching a population often missed by traditional HIV education efforts.*

**T**HERE ARE APPROXIMATELY 2 MILLION homeless and runaway youths in the United States (1). The San Diego County Grand Jury estimates that, on any given night, there are 1,000 homeless adolescents in San Diego, CA (2). Homeless young people are commonly involved in such activities that place them at risk for HIV infection as

unprotected sexual intercourse, needle-sharing in the use of injectable drugs, or unprotected sex with a needle-sharing partner.

As of May 31, 1991, there were 691 cases of AIDS among teenagers (ages 13-19) reported to the Centers for Disease Control and Prevention (CDC) (3). Of all persons reported with AIDS, however,

more than 20 percent (35,635) are ages 20–29 at the time of diagnosis. Given the average 5- to 10-year period between infection and the onset of symptoms, many of these people were probably infected with HIV during their teenage years (3). Homeless young people, engaging in behaviors that are known modes of HIV transmission, may be contributing to the increase in adolescents diagnosed with HIV disease (4–8).

The uncertainties of adolescence can be exacerbated by homelessness (9,10). These youngsters are often transient, distrustful of adults, educationally and emotionally impaired, and concerned with daily survival needs. They frequently have low self-esteem. HIV prevention messages are often lost on them to more immediate crises. Homeless youth experience a constellation of issues that may include physical or sexual abuse, or both, broken families, abandonment, substance abuse, and survival sex (9–12). HIV infection is an addition to, as well as a result of, these issues.

A low level of literacy among homeless youth is a significant obstacle to effective HIV prevention education. The National Coalition for the Homeless states that more than 40 percent of homeless youth do not attend school (13). In some areas of the country, where there are large numbers of homeless adolescents (in addition to children who are members of homeless families), the proportion is much higher. In 1989, the California State Department of Education estimated in an unpublished report that 75 percent of the State's 33,000 homeless children and youth were not enrolled in school. This figure includes an influx of undocumented youths arriving in California from Mexico and Central America.

## Literature Summary

Researchers have concentrated on HIV prevalence (14–18) and on knowledge, attitudes and behaviors among adolescents (19,20). Few articles discuss the homeless youth population. Much of the literature that does exist focuses on the broad subject of youth homelessness, identifying the multiple issues, including risk for HIV infection, experienced by these young people and possible interventions that may be appropriate. Others have described the prevalence of HIV infection, HIV-related risk behaviors, and the knowledge, attitudes, and behaviors of homeless youth with regard to HIV-AIDS.

A study of New York City street youth at Covenant House showed that 7 percent were in-

fectured with HIV (4). In a study conducted in a youth medical clinic in San Francisco, Shalwitz and coworkers found that of 61 homeless adolescent patients, 67 percent had a sexually transmitted disease and 8 percent were HIV antibody positive (6). In a study conducted in programs serving homeless youths in four States (Florida, Louisiana, New York, and Texas), researchers found that 4.13 percent of 4,383 tested were HIV antibody positive (7). Each of these studies illustrates the alarming rate of HIV infection in the homeless adolescent population.

A study comparing homeless youths in Brazil with those in the United States was conducted through structured interviews and observation with 100 young people in Rio de Janeiro and 100 in San Francisco. Researchers found that both sample groups engaged in such HIV-risk behavior as unprotected sex because group members did not perceive themselves to be at risk for HIV infection (8). The study also indicated that prejudice, guilt, and shame hinder condom use among homeless youth. In another survey of 101 homeless youth in New York, Sugerman and colleagues found that 66 percent reported having more than four sexual partners, 20 percent indicated that they always used condoms, and 19 percent were involved in prostitution; additionally, 25 percent reported intravenous drug use, and 20 percent had shared needles for other purposes (8).

## Methodology

The Teen Peer Outreach-Street Work Project is a program designed to train from 3 to 5 young people specifically as peer outreach workers to provide HIV prevention education to some 1,000 homeless adolescents who are living on the streets. These peer educators are matched with adult outreach staff members in three existing programs that provide services to homeless youth.

An HIV prevention outreach program cannot stand alone and is most successful if it is integrated with services that provide basic needs. The three youth service programs participating in the Teen Peer Outreach-Street Work Project provide food, clothes and shelter information. Additionally, each youth service program operates a shelter. Immediate and concrete assistance can be offered to the homeless youths. The shelter then becomes a place where HIV educational messages, taught on the street, can be reinforced.

The programs participating in the Teen Peer Outreach-Street Work Project include San Diego

*'Homeless young people, engaging in behaviors that are known modes of HIV transmission, may be contributing to the increase in adolescents diagnosed with HIV disease.'*

Youth & Community Services' Storefront, San Diego Youth & Community Services' Teen Recovery Center, and South Bay Community Services. Each of these programs has a strong well-established street outreach component with targeted service areas where homeless youths are known to congregate. Locations include areas frequented by prostitutes and places where sex is practiced in public.

In 1 year, the peer outreach workers provide more than 1,300 hours of direct HIV education interventions with adolescents in high risk situations. To supplement basic information concerning HIV transmission and prevention, teen outreach workers distribute safer sex packages containing condoms, lubricant with nonoxynol-9, and information about proper condom use. Kits that contain bottles of bleach and water, labeled with illustrations showing proper needle hygiene for those who inject drugs, are also distributed. All information and labels are available in Spanish and English.

In addition to providing HIV prevention education, the Teen Peer Outreach-Street Work Project strives to be a norm-changing program. Teen outreach workers strive to change norms within identified "communities" of homeless youth. To accomplish this, they provide more in-depth interventions, such as street-based case management, to small groups of homeless adolescents, attempting to make safe sex the accepted norm. The Stop AIDS model (21) is being employed to attain this goal. This model has been highly effective with youth in Chicago and gay adult males in San Francisco. Similarly, AIDS Foundation San Diego is currently using the Stop AIDS model in Project Lifeguard and its work with the gay community in San Diego. The Teen Peer Outreach-Street Work Project members have worked closely with the AIDS Foundation staff to discuss how the model is best adapted to the homeless adolescent population.

Because of the multi-cultural background of the target population, peer outreach workers closely reflect the clients served. Current participants in

the Teen Peer Outreach-Street Work Project include two African-Americans, one Latino, and two Asian youths. Two of these youth are bilingual, one Spanish-English and one Vietnamese-English, making it possible to provide culturally and linguistically appropriate services. In addition, several of the youths are former clients of the youth service programs involved in the Teen Peer Outreach-Street Work Project. Besides receiving training and support from the Teen Peer Outreach-Street Work Project, peer outreach workers participate in the Association of Community Health Outreach Workers (ACHOW), a subcommittee of the Regional AIDS Community Educators, that includes representatives from many of the programs providing HIV education in San Diego County.

There are plans to expand the project to develop HIV education materials for homeless youths with low levels of literacy. Using high-impact coloration, photographs, and symbols, these materials will be designed to appeal to the population in providing accurate information regarding HIV transmission and prevention. Members of the target population will be consulted before material is developed to assess what types of media and images will be most effective.

Project staff members will solicit graphic artists to create prototypes of materials at minimal cost. Materials may include posters, bench advertisements, and smaller individual items such as wallet cards or buttons. Samples will then be field tested with several groups from the target population and will be evaluated by focus groups led by a trained adolescent facilitator. The focus group evaluation will be conducted in an observation room equipped with a two-way mirror for the observation of group members' reactions. Project staff members will review information gathered through focus groups and determine what materials appear to be most effective with the population. These materials will be distributed then on a larger scale in areas where homeless youths congregate.

### **Significance of the Project**

The Teen Peer Outreach-Street Work Project is significant in that it serves a population that is often difficult to reach. Homeless and out-of-school youths are often missed by traditional HIV prevention measures. These youths, who are out of the mainstream, may not have access to HIV information shared in schools, through the media, or by community-based organizations.

The project is a norm-changing program that

focuses on changing HIV-related risk behaviors in communities of homeless youths. The homeless youths, who participate in more in-depth educational interventions and skill development activities with their peers, are able to exert positive pressure on members of their "community" to participate in safe sexual and drug use activities. Ultimately, this will impact the number of new HIV infections among the target population.

### **Innovativeness of the Project**

Street outreach, as a process of delivering HIV prevention messages, is still a relatively new concept. Many HIV prevention projects do not have outreach components to serve hard-to-reach populations. The Teen Peer Outreach-Street Work Project is particularly unique in that it matches teen peer educators with adult outreach staff members to provide street outreach services to homeless youths. Every effort is made to use true peers and not merely youngsters who are the same age as the target population. Many of the youths participating in the project are former clients. They are familiar, first hand, with the issues and needs of the target population.

Many street outreach projects serving the homeless population do not provide in-depth interventions; they merely distribute HIV prevention materials. While this is an important aspect of HIV prevention outreach, it may not affect the target populations' belief structure that is more likely to influence changes in HIV-related risk behaviors. The Teen Peer Outreach-Street Work Project is a norm-changing program, providing skill development and support. The project identifies natural leaders in communities of homeless youth who then assist in providing on-going education and skill development. The programs participating in the Teen Peer Outreach-Street Work Project operate shelters for homeless youth. These shelters become a place where HIV prevention messages, delivered on the streets, can be reinforced.

The Teen Peer Outreach-Street Work Project does not duplicate other services in the area. Rather, the project integrates HIV prevention education and training into the existing outreach activities of programs serving the target population. This reduces the cost of the project, as well as meets the hierarchy of needs of homeless youth. Collaboration with key service providers and integration of services have proven to be the most productive and cost effective way to deliver HIV prevention messages.

Finally, in the Teen Peer Outreach-Street Work Project, diversity is valued and nurtured, with clients and staff members from numerous ethnic, cultural, and sexual communities welcomed. The project provides forums for client and peer involvement in program design, implementation, and evaluation. The fact that young people are capable and should be given the chance to assume certain staff functions is recognized. The Teen Peer Outreach-Street Work Project provides youth with the knowledge, skills, and encouragement necessary to make productive, healthy choices for themselves.

### **Summary of Evaluation Methods**

In street work, it is often difficult to use evaluation tools such as written pretests and posttests to measure individual changes in knowledge, attitude, and behavior. Although project staff members do administer posttests to homeless youth receiving services at participating shelters, behavioral changes are noted in focus group sessions on the streets and in shelters that serve the target population. Through focus group discussions with communities of homeless youths, staff members appraise changes in population norms. They also document information on individual youths concerning their knowledge of safe sex, negotiation of safe sex, proper use of safe sex materials, proper use of needle hygiene kits, communication skills, and problem-solving skills.

For youths receiving street work services over an extended period, it is possible to conduct 3- and 6-month followup interviews to evaluate commitments to safe sexual practices and perceptions of community norms. The objective of reaching 1,000 homeless street youth in 1 year is measurable and is used in conjunction with the information collected during focus groups to evaluate the success of the outreach component.

Demographic data and, when known, risk behavior data of street youths are recorded on the outreach log sheet that is completed by peer outreach workers. These data are analyzed and reported.

Because of budget constraints and the transient nature of the target population, evaluation methods have consisted primarily of process evaluation. Impact evaluation information is collected for those youngsters who receive the more in-depth interventions.

Should additional funding become available, an empirical evaluation strategy would be employed. The youths receiving information and materials

only would be used as a control. The group that receives street-based case management, focus group interventions, and skill development training would be the experimental group. To each sample group, a pretest would be administered to include questions from the three domains—cognitive, affective, and action. Respondents would be given an incentive to return to complete posttest evaluations after the intervention period. It is anticipated that there would be a statistically significant difference between the information-only group and the group receiving the in-depth interventions. This difference would be attributed to the in-depth intervention. Subsequently, the extra resources and time used for intense interventions would be justified.

## Budget

### Personnel

Project director.....	\$611
Health educator .....	12,466
Teen coordinator trainee.....	10,920
10.75 percent for employee taxes and insurance .....	2,580
\$100 per month for 1 year's health, dental insurance .....	1,524
Subcontractors:	
South Bay Community Services.....	1,500
SDYCS Storefront .....	1,000
SDYCS Teen Recovery Center.....	1,000
Teen Peer Outreach Workers.....	5,000
Consultants:	
Graphic artist, photographer, literacy consultant.....	3,000
Participant incentives.....	1,200
Subtotal .....	\$40,801

### Nonpersonnel

Education, prevention materials .....	\$3,000
Mileage at 24 cents per mile.....	1,000
Observation room rental.....	1,500
Printing, photocopying .....	4,200
Subtotal .....	\$9,700
Indirect costs (20 percent of total) .....	10,100
Grand total .....	\$60,601

## Justification

At 2 percent of \$30,570 full-time equivalency (FTE), the director of the Teen Peer Outreach-Street Work Project serves as a link between the project and the outreach staff in collaborating

programs, as well as the larger HIV-AIDS service community.

At 50 percent of \$24,931 FTE, the health educator develops the outreach training in consultation with the target population and outreach staff. The health educator oversees outreach activities and the development of new materials.

At 75 percent of \$14,560 FTE, the teen coordinator trainee assists the health educator in planning and implementing the training of teen outreach workers. The teen coordinator trainee is also responsible for organizing the monthly meetings with the teen outreach workers and tabulating the outreach log data.

The subcontractors provide program support of outreach staff time to provide supervision of Teen Peer Outreach Workers during outreach activities for approximately 12 hours per month for 12 months at \$10 per hour. Teen Peer Outreach Workers, ages 14–18, are recruited and trained specifically to do outreach and street work to homeless youth. Some of these teens may be former clients of the youth service programs. Their stipends are based on a total of 3–5 teens working 15–20 hours per month for 12 months at \$5 per hour each.

Consultant fees are based on 60 hours at \$50 per hour for a graphic artist or photographer or both and a literacy consultant.

Teen participants in the focus groups would get \$20 stipends. There would be 5–10 participants for 6–10 focus groups.

Education-prevention materials would include condoms, bleach, and labels for prevention packets distributed on outreach as well as videos, curriculums, or other necessary educational materials to be used in training or monthly meetings.

Project staff members and teen outreach workers would be paid a mileage fee.

Observation rooms would be rented for 3 days at \$500 per day.

Printing and photocopying costs would be for copies of information used in training and outreach and to print new materials that are developed.

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